

# ***Division of Behavioral Health Services***

## ***Bureau of Compliance***

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**TO:** RBHA CEOs, TRBHA Directors, Medical Directors and Clinical Leadership

**FROM:** Margaret Russell  
Bureau Chief of Policy

**SUBJECT:** **POLICY CLARIFICATION: Provider Manual Section 3.9, Intake, Assessment and Service Planning**

**DATE:** December 1, 2006

This memorandum is intended to clarify the responsibilities of Tribal and Regional Behavioral Health Authorities (T/RBHAs) and their providers in meeting the Arizona Department of Health Services/Division of Behavioral Health Services (ADHS/DBHS) new policy requirements regarding completion of the behavioral health assessment and submission of demographic data.

The Arizona Department of Health Services, Division of Behavioral Health Services (ADHS/DBHS) is in the process of revising Provider Manual Forms 3.9.1 (Behavioral Health Assessment and Service Plan) and 3.9.2 (Behavioral Health Assessment: Birth-5 and Service Plan) and their respective Instruction Guides. This revision is intended to both reduce paperwork and to more clearly link the required Client Information System (CIS) Demographic Data Set to the intake and assessment process.

Until these revisions are completed and disseminated, this memorandum is intended to clarify certain aspects of the current process that are valuable and will be maintained in the revised process:

- Per PM Section 3.9.1, “The model incorporates the concept of a “team”, established for each person receiving behavioral health services. At a minimum, the team consists of the person, family members in the case of children, and a qualified behavioral health clinician. As applicable, the team would also include representatives from other state agencies, clergy, other relevant practitioners involved with the person and any other individuals requested by the person.”
  - Providers are encouraged to conduct as much of the assessment as clinically appropriate with full participation of this team. Elements of the assessment that can safely wait to be completed until the team can convene should be postponed. However, the team meeting should occur in a timely fashion in order to meet timeframes as outlined below.
- Per PM Section 3.9.6-B, “The addenda/modules are completed depending on the individual needs of the person, but it is expected that a comprehensive assessment allowing for sound clinical formulation and diagnostic impression must be completed within 45 days of the initial appointment.”
  - Providers are encouraged, when clinically appropriate, to utilize up to the allowed 45 days for completion of the full assessment.
  - An additional 10 days will be allowed for T/RBHA submission of the Initial Demographic (i.e. within 55 days of intake date)
  - For SMI determinations, however, the assessor should attempt to complete the relevant sections of the entire assessment packet during the first visit.